

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number

101572,789

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2			1		1	
3			1			1
4	1		1			1
5	1		1			1
6	1		1			1
7	3		1			1
8	3		1			1
9	1		1			1
10	1		1			1
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50						
Total Indep	1		1		1	
Total Depend	13	9	9	9		
Total Claims	14	10	10			

Indep	Depend	Indep	Depend	Indep	Depend
51					
52					
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54					
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93					
94					
95					
96					
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98					
99					
100					
Total Indep					
Total Depend					
Total Claims					

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